

Minutes

Location: Business Lodge Bury - Europa House, Barcroft Street, Bury, BL9 5BT
Date: 20th June 2022
Time: 09:30 – 16:30

ATTENDEES

Members Name	Company	Initials
Ifti Khan	CCA	IK
Mubasher Ali	CCA	MA
Peter Marks	AIMp	PM
Helen Smith	CCA	HS
Jennie Watson	CCA	JW
Mohamed Patel	Ind	MP
Aneet Kapoor	Ind	AK
Ali Dalal	Ind	AD
Gulamhusein Arsiwalla	AIMp	GA

Members Name	Company	Initials
Adam Kharaz	GMLPC	AKh
Luvjit Kandula	GMLPC	LK
Adrian Kuznicki	GMLPC	AKu
Karishma Visram	GMLPC	KV

WELCOME AND INTRODUCTION

AK and AD will join later due to prior commitments.
 FMc, MAn and RS send apologies.
 Minute takers AKu and KV.

DECLARATION OF INTEREST (DOI)

Nothing further declared.

MATTERS ARISING

No requirements raised.

APPROVAL OF MINUTES

Minutes Approved.

ACTION LOG

Action 142 – work ongoing on finalise messages to pharmacies to ease the current pressures. Action closed.

Action 145 – Difficulty in pulling an existing job specification for field personnel. MA and IK to create JD for people supporting on service delivery.

Action 146 – AF referral pathway - To be picked up on FMc's return.

Action 150 – GPCPCS updates - Action closed

Action 152 – Services PGD - PM discussed with RS, nothing they can do regarding PDGs and making them more consistent across GM. RMOC meeting in July was cancelled, next one scheduled for September. Action closed.

Action 154 – LPN workforce bid report completed. Action closed.

Action 155 – Action points to be collated for locality leads – Deadline extended to ensure further clarity. To be picked up at next meeting.

Action 156 – Constructive collaboration is needed between GMLPC and all contractor groups. Quarterly catch up to be scheduled with wider community pharmacy to ensure collaboration.

Action 157 – Academy flu training is scheduled. Action Closed.

Action 158 – Objectives outlined for CPPB employee. Action closed.

Action 159 – Expense forms to be submitted before end of April. Action Closed.

SERVICE DELIVERY – IMPROVING ENGAGEMENT AND PERFORMANCE OF SERVICES. INCLUDING CPCS REPORTING AND NEXT STEPS

Papers circulated summarising our current position. GM are ranked second in the country from April 2022. 98% practices engaged in GM, 81% practices are live in GM. However, not every practice is referring. Work is taking place to establish reasons for inactivity among the 54 inactive practices and request feedback following GMLPC intervention.

Key points raised included;

- contractors do not have capacity.
- Referrals are being sent via NHS Mail and some not following the agreed referral process.
- Some CP staff inform GP they do not provide the GPCPCS service.
- High turnover of staff.

RS to send 5/6 themes to committee regarding feedback and dependencies on GPCPCS, initial reaction is to continue making the calls and continue with the RAG Reporting.

GMLPC will support with distributing information and resources to ensure locums are aware of their responsibility to deliver all services operated by a pharmacy. Locum briefing to be circulated nationally and through our communication channels and website.

DMS engagement is below average at 31%. This is an ongoing issues due to challenges surrounding governance and recruitment.

Most service areas are on track. However, the data only runs until Quarter 3 2021 so we cannot tell how effective our interventions have been following this. LK to contact Karen O'Brien requesting latest available service data, ideally at PCN and contractor level.

LOCALITY ICS LEADERSHIP REPRESENTATION

Ongoing progress towards wider pharmacy representation at GM ICS and ICS locality level via PCB and local conversations. FMc in conversation with Bury, Salford, Trafford, Stockport.

Urgent independent review of Primary Care Board governance required. LK acting as a PCB DP is continuing discussions with new CE and Chair – awaiting outcome. The vast majority of localities don't have any engagement. This has been raised with PCB.

We now have a place on PC commissioning committee. This will be our way of interfacing with GP and wider Primary Care. However, our reservations about CP not having a place on the ICS board has now been formally noted in Primary Care paper. Further discussions needed to determine the benefits of being on three boards and to decide upon our level of commitment towards this. While it is important, this may not be relevant to our contractors at this given time.

Discussions had with all committee members to determine if they have the capacity to support in their respective localities. All also asked to provide any relevant updates.

Manchester. – JW happy to support. However, she will be absent for 3 months, needing temporary backup. LK will continue to support JW in the background and step in during her absence.

Salford and Rochdale are covered by AK. PM to deal with updates from Stockport.

Wigan – will be covered by MP. Conversations have been held, Further structure required to clarify key person. Talks can then be more defined.

Bury – AD is locality lead. FMc in ongoing talks.

T & G - MA is currently away. Pick up with MA during next meeting.

Trafford – No key updates at this time but several changes taking places. We might have a little bit more traction long-term. HS will send email to LK with key contacts.

Oldham – Will be covered by GA. Not aware of key contact to communicate with.

LK to compile a list of place-based leads for each locality.

PCN ENGAGEMENT – DISCUSSION AND APPROVAL OF FUNDS TO COMMUNITY PHARMACY LEADS TO SUPPORT HYPERTENSION SERVICE & CCPL ENGAGEMENT

Discussion had around the opportunities for community pharmacy and PCN leads to collaborate. Proposal put forward to set aside a budget to provide a few hours funding for PCN leads to go out and start conversations around services. A training webinar for PCN leads to be set up via Zoom before they are sent out to engage with the pharmacy network in their area. It is noted that there will be areas without PCN leads and an alternative person will need to be found to carry out this work for those PCN areas.

Agreement from the committee to get this rolling, set up the webinar and start PCN lead support. This project and the budget it will be arranged with the treasurer in phases and will move to the next phase if phase one is successful. For this initiative we could first target a few PCNs which are doing well and set up meeting with them. PM, LK and RS to work on this.

To ensure continued engagement of the current Community Pharmacy PCN lead network, and that existing PCN leads and future leads are supported and remunerated appropriately, the committee are asked to agree a funding proposal for GM locality representation. LK collaborating with RS and working on MOU proposal which is drafted and to be approved by the governance subgroup.

COFFEE BREAK

AGM 2022 PLANNING

Discussion around key aspects of the GMLPC AGM event 2022. It is agreed that the event will take place on 25th September at the Marriott Hotel. The event will include updates for contractors on the year 4 negotiations.

The event could also include a Health and Wellbeing session with the potential for attendees to win a gift voucher, flu resources for contractors to pick up at the event, a flu training session, an awards ceremony, information about selection process for covid boosters and a presentation from PSNC guest speaker Janet Morrison. It is noted that contractors are currently facing unprecedented difficulties and time constraints. Thus, we need to identify appealing incentives in order to motivate attendance. Committee asked to promote the event within their respective networks.

KPI REVIEW

An overview of the GM Strategy including KPI's for each workstream is provided. A self-evaluation has been completed by each workstream lead assessing their current progress against established KPI's. 82% of KPIs on track, 18% are amber and 0% of the KPIs are not on track. Further detail to be provided within each workstream's Report.

DOPT REPORT

Update provided following PCB chair meeting. It was a good session. However the ICS see us as just providers, despite a lot of commitment and work going in. They have not clarified the objectives and purpose for us.

Financial flows are being put in place to enable a model where services are designed at GM level to avoid postcode lottery. Information available in a financial paper. Proposal hasn't been officially signed off, but in progress. Any service fees agreed needs to account for inflation rates. Risk raised that some services are no longer liable and localities don't want to engage with them.

Discussion around use of digital integration to ease pressures on pharmacies. Suggestion put forward to create an Amazon style app to show live progress of prescription. However development of such a tool may take years. Instead we need to focus on ensuring communication to patients is improved. Need to get away from the 48 hours notification process, encourage patients to order via existing app and tell them to wait 10 days before collecting medication.

Discussion around workforce development and retention. 20-30 people now employed in CP through the Kickstart scheme. LK requests feedback from the committee in relation to workforce investment and finance. LK to send a form around to committee for completion.

BAU REPORT

GMLPC has raised £4,100 for Pharmacy Support. Office team to reach out to them and arrange payment. IK to share contact with office team. Update provided on the current progress of PNAs.

Discussion around laptops and retention policy and recycling options. We could purchase software to wipe laptops and keep them in-house or arrange for them to be wiped externally. It is noted that budget for new laptops needs to be included in next year's budget.

Project plan for GDPR is on track. GDPR handbook requires sign off from LK for GDPR compliance and IK as IG lead.

The effectiveness of creating a WhatsApp group for locality leads within each locality is to be evaluated. JW's Manchester locality WhatsApp to be used as case study.

PRO UPDATE (INCLUDING PCN AND SERVICES UPDATE)

Discussion around the effectiveness of GPCPCS weekly RAG reporting. Received a rating of 3 and a half from area managers. Committee asked for verbal feedback. RS met with MAA to plan how to improve the uptake of NMS.

Current process for service specifications and PGDs outlined. All commissioners are contacted 3 months in advance of the expiration date of a PGD or specification. Services Matrix and inbox regularly reviewed by AKu and RS to ensure this is kept up to date with any require details or follow up information. Committee offer their support if we are struggling with any expired services despite reaching out to the commissioner multiple times.

Contractors are still able to continue the service on Pharmoutcomes even after expiry of PGD. We need to ensure contractors are aware of the risks when using an outdated PGD.

If commissioner does not respond within a given window inform them that the LPC will be contacting pharmacies to instruct them to no longer provide the service as they will be operating illegally.

Discussion around PCN leads. It is decided that for now there will be no more work to appoint further PCN leads. 8 gaps currently remain. With no current financial incentive attached to it, recruitment is difficult. However, if we do not have a PCN lead in place it may harm our ability to engage with PCN areas in the long term. This will be reviewed in 6 months' time after year 4 announcement in the hope we are in a better position then.

COMMUNICATIONS REPORT

Preparations for the AGM and work to secure sponsors for the event as begun. To improve service delivery the GMLPC GPCPCS champions campaign has been launched.

To measure current engagement and the GMLPC annual survey was published in January. Following regular promotion and over 250 targeted phone calls we have responses from over 2/3 of GM contractors. Findings to be collated to inform the communications plan going forward. Proposal to refresh newsletters produced in line with feedback received.

Decision made to ask contractors to complete form should they want the drop in call. Will then be stood when there is sufficient demand. Drop in calls to be replaced with face-to-face pharmacy visits.

Committee requested to each produce short blogs (200-500 words max) for contractors to discuss their roles or provide top tips for service delivery.

Further meetings to be set up with outstanding Healthwatch organisations. A further attempt is to be made to continue previous engagement with Stockport MP. PM offered to assist with MP engagement in Stockport.

COMMITTEE ROLE ALLOCATION – LOCALITY LEAD AND CCA REP

Another CCA Rep to be recruited following the stepping down of MAA.

LUNCH

FINANCE UPDATE

Finance update has been circulated previously. No further discussion at this time

REGIONAL PSNC UPDATE

Updates outlined by FMc following the recent PSNC meeting. RSG voting has now closed. An announcement on results will take place shortly. Year 4 discussions are ongoing and sign off may take several weeks. PQS announcements should be made in the next few weeks.

Discussion relating to the Hypertension service, technicians and pharmacists. Talks have not yet been finalised. An Anti-depressant pilot is taking place in Manchester City with 10 hours of training taking place.

LPN CHAIR UPDATE

Updates provided by AK. A paper has been pulled together relating to leadership and the director of pharmacy role. This is being reviewed by the group.

A meeting has taken place with Jennie Wilkinson who is leading recruitment for the ICS. The aim is to enable collaboration and one unified voice for primary care.

ACADEMY UPDATE

Work with Flu and Hypertension is ongoing. Transfer now complete.

RSG

Newsletter to be delayed until late afternoon to account for the RSG vote outcome announcement.

DATE AND FREQUENCY OF FUTURE MEETINGS

Discussion around the arrangements for future committee meetings. It is noted that any future dates needs to be checked to ensure that they do not clash with PSNC meetings. Dates to be confirmed with the committee and invites to be sent following this.

COFFEE BREAK

AOB

Flu campaign

Discussion around the potential of an 4 week advertising campaign for Flu on the side of pharmacy bags. May be more effective than printing leaflets that remain on the pharmacy counter.

The cost of 240k counter bags is £15,000. Half of the funding could come from local authorities. There is a risk that this might not go through the pharmacy compliance, which can be a challenge and a barrier to our engagement with this.

Need to request support from Public Health (localities/councils) to fund in each area. LK to pick up with Aneet for further input.

Inhalers

LK sent email to committee regarding price changes to inhalers. It is noted that there is a risk to supply and significant lead time is needed (8-12 weeks minimum) to review prices.

OPEN SESSION ENDED AT 16:00PM

BOARD UPDATE AND MEETING CLOSE 16:30PM